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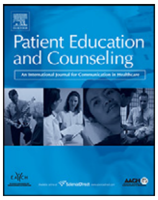

Review

Working with interpreters in health care: A systematic review and meta-ethnography of qualitative studies

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ABSTRACT

Objective: To identify relational issues involved in working with interpreters in healthcare settings and to make recommendations for future research.
Methods: A systematic literature search in French and English was conducted. The matrix method and a meta-ethnographic analysis were used to organize and synthesize the data.
Results: Three themes emerged. *Interpreters' roles*: Interpreters fill a wide variety of roles. Based on Habermas's concepts, these roles vary between agent of the Lifeworld and agent of the System. This diversity and oscillation are sources of both tension and relational opportunities. *Difficulties*: The difficulties encountered by practitioners, interpreters and patients are related to issues of trust, control and power. There is a clear need for balance between the three, and institutional recognition of interpreters' roles is crucial. *Communication characteristics*: Non-literal translation appears to be a prerequisite for effective and accurate communication.
Conclusion: The recognition of community interpreting as a profession would appear to be the next step. Without this recognition, it is unlikely that communication difficulties will be resolved.
Practice implications: The healthcare (and scientific) community must pay more attention to the complex nature of interpreted interactions. Researchers need to investigate how relational issues in interpreted interactions affect patient care and health.

1. Introduction

The combination of globalization and the different waves of immigration to Western countries has resulted in an increasingly socio-culturally diverse population. Since many migrants do not speak the official language of their host country, this linguistic gap has been shown to be one of the major causes of health disparities [1]. The literature reports inappropriate diagnosis [2], poorer adherence to treatment [3] and follow-up [4,5], more medication complications [6], longer hospitalizations [7] and decreased patient satisfaction [8]. One way to overcome these problems is to work with interpreters.

Ever since this issue came to the attention of the scientific community in the 1980s, interest in it has continued to grow. When reviews were conducted all concluded that working with interpreters was essential to reducing health disparities and improving quality of care; medical interpreters [9,10], bilingual physicians and staff [9,11], and bi/multilingual nurses from various cultural backgrounds experienced in transcultural nursing [10] were called on to act as interpreters. Many of the studies from which these reviews drew their conclusions, however, did not differentiate between the effects of different types of interpreters on improved quality of care. In response, Karliner et al. [12] and Bauer and Alegria [13] questioned the specific impact of professional versus non-professional interpreters (which we call "ad hoc" interpreters) on clinical and psychiatric care. Both studies concluded that working with professional interpreters improved quality of care. Interpretation is more than just a technique to make health service more accessible to patients who speak a foreign language, however. As Tribe and Lane [14] mentioned in their review and guidelines on working with interpreters in mental health, interpretation also offers clinicians an opportunity to expand their knowledge and understanding of a range of clinical perspectives. Investigating the relational issues involved in providing interpretation during medical consultations appears to be the next step in improving quality of care.

Although qualitative and quantitative studies have long been shown to be complementary [15], the systematic reviews mentioned above [9,12,13] seem to have neglected their respective contributions. The results of the selected studies are treated similarly, as if both types of research generated similar types of results.

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The aim of our study was to conduct a systematic review and meta-ethnography [16,17] of qualitative studies on interpreting in healthcare settings to better understand the relational issues involved in interpreted consultations with different types of interpreters, and to make recommendations for future research.

Habermas's distinction between the System and the Lifeworld was used as an interpretative framework to organize and give meaning to the results. These concepts have already been used profitably to understand communication in healthcare settings [18–20], and especially in interpreted consultations [21,22]. The System, which comprises the economy and the state, is characterized by strategic action (oriented toward efficiency and success). The Lifeworld, which comprises the private and public spheres, is characterized by communicative action (oriented toward making collective sense of a situation in order to come to a consensual understanding on the course of action to take) [23].

2. Methods

2.1. Data sources

We conducted a systematic qualitative literature search for publications from the inception of each database to June 2010 in PsycInfo, EBSCO Medline, Current Contents, Web of Science, CSA Linguistics and Language Behavior Abstracts, SCA Sociological Abstracts and the Cochrane Library, with "interpreter*" and "health" as key words. After deletion of duplicates, our search produced 823 references (Appendix A).

Supplementary data associated with this article can be found, in the online version, at http://dx.doi.org/10.1016/j.pec.2012.11.008.

2.2. Inclusion/exclusion criteria

We included all qualitative peer-reviewed publications in French and/or English. We considered as qualitative all research whose (a) methods were intended to collect qualitative data (e.g., semi-structured interviews) and (b) whose data were analyzed qualitatively (e.g., thematic analysis) [24]. We therefore excluded, without further review, books, chapters, dissertations, literature reviews, testimonies, and theoretical/philosophical texts. Articles on working with sign language interpreters were also excluded.

An initial sorting by title, summary or quick review of the article was done independently by the third author and two research assistants. Our goal was not to obtain an inter-judge agreement, but the widest possible sample of articles. Out of a total of 823 publications, 66 met our criteria. The first and second authors then jointly reviewed the full text of these articles, excluding a further 13. Eight were subsequently added based on the snowball sampling technique, including secondary articles in the selected articles' references that met our inclusion criteria (Fig. 1).

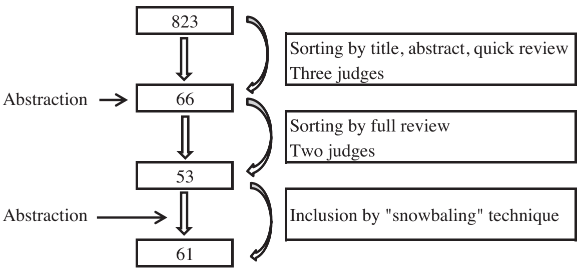

Fig. 1. Articles selection chart flow.

2.3. Abstraction of articles

The articles were summarized and abstracted based on the following canvas: references, country where the research took place, type of interpreters, perspective, aim of the study, number and type of participants, procedure, type of analysis, results and discussion and conclusion. We considered four categories of interpreters: professional, ad hoc, professional versus ad hoc, and non-specified. In this paper, a professional interpreter is defined as a person who has received some kind of formal training in interpretation, while an ad hoc interpreter is an untrained person called on to interpret (possibly a family member, a minor child, a healthcare staff member, a non-professional employee, a volunteer from a community organization or even a stranger in the waiting room). We also considered five different perspectives (i.e., whose experiences/perceptions the author chose to present in his/her paper): patient, interpreter, practitioner, administrative staff and researcher. Simply because a study uses different categories of participants does not imply that all their experiences are systematically and separately reported. In cases where participants' experiences received little or no attention, the perspective was coded as "researcher." The objective of papers in the latter category is to contribute to a more global understanding that goes beyond specific experiences.

The summaries of the 61 articles were reviewed for broad content analysis by a blind judge so that emerging themes could not be influenced by prior knowledge of the subject.

To describe the quality of the selected studies, we developed a set of 18 criteria based on the COREQ checklist [25] and Malterud's guideline [26]. Since the way qualitative studies are reported varies [25], we abstracted information that would allow the reader to evaluate the quality of each study in the five following domains: author's reflexivity, conception and analysis of the studies, characteristics of the participants, technical characteristics of data and conducted analyses, and characteristics of results and discussion (Appendix C).

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2.4. Organizing the results

The 61 articles were organized using the Matrix method [27,28]. The Review Matrix is like a data sheet in which the rows correspond to the *documents* (the selected articles for the review), and the columns to the *topics* (the categories of information used to summarize the documents), which allows for easy comparison between rows. Three steps are required to create a matrix: *organize the documents* chronologically in order to appreciate how the issue has evolved in the field of research. *Choose the topics*: There are two major categories of topics: the methodological characteristics of the study and the content-specific characteristics (theoretical or conceptual model, types of results, etc.). The choice of categories depends on the research question and the issues identified as important to answering it. *Summarize the documents*: This is more than just a summary; it requires critical thinking. What was the purpose of the article? How did the authors proceed? What were their results? What was the logic behind their interpretation? A *narrative* of the study must be written in the reviewer's own words.

Matrices were then created, one per emerging theme using the following topics: references, publication year, country in which the research took place, type of interpreters, perspective, number and type of participants, aim of the study, method, results, and *translation* as described below.